



Department of  
Medicaid

# **Next Generation Medicaid Program – February 1 Launch**

## ***Submitting Claims***

Provider Journey Maps

January 2023

# February 1 Launch – Submitting Claims via PNM | Overview

## Purpose and Considerations

- Purpose
  - » Instruct providers on how to submit a fee-for-service (FFS) claim via the Ohio Medicaid Enterprise System (OMES) Provider Network Management (PNM) module.
- Considerations
  - » Providers submitting a claim must have OH|ID credentials (username and password).
  - » **With the exception of managed care claims submitted via Electronic Data Interchange (EDI) ([see slide 12](#)), all managed care portal claims will continue to be sent directly to the members' Managed Care Entity (MCE) until further notice. Providers will contact each MCE directly to obtain the status of managed care claims.**
  - » This journey map is only for FFS claims. Providers are to use the MCE portals for direct data entry (DDE).
- Common Acronyms
  - » IOP – Innovate Ohio Platform
  - » MCE – Managed Care Entity
  - » MITS – Medicaid Information Technology System
  - » PNM – Provider Network Management
  - » FI – Fiscal Intermediary
  - » EDI – Electronic Data Interchange
- Resources
  - » For detailed step-by-step instructions, please utilize the User Guides available at <https://ohiopnm.myabsorb.com>.
    - Users will need an enrollment key to create an account and access training guides. Contact [ohiotrainingteam@maximus.com](mailto:ohiotrainingteam@maximus.com) for assistance.

# February 1 Launch – Submitting Claims via PNM | Overview (cont.)

## Purpose and Considerations

- Additional Considerations
  - » Editing Managed Care Claims
    - All managed care claims submitted by trading partners must be sent to the new EDI. These claims will flow through the fiscal intermediary (FI) and route to the appropriate MCE for processing and payment.
    - Providers who submit managed care claims through direct data entry (DDE) will do so via the appropriate managed care portal.
    - Edits to claims, including adjustments and voids, should be submitted utilizing the same method (EDI or managed care portal) as the original claim submission.
  - » Editing Fee-For-Service Claims
    - All FFS claims submitted by trading partners must be sent to the new EDI and will flow to the FI for processing and payment.
    - Providers who submit FFS claims through DDE will continue to do so through the Provider Network Management (PNM) module via a link to Medicaid Information Technology System (MITS).
    - FFS claims submitted through the PNM module will continue to be paid by the Ohio Administrative Knowledge System (OAKS), the State of Ohio's accounting system.
    - Edits to claims, including adjustments and voids, should be submitted utilizing the same method (EDI or PNM module via a link to MITS) as the original claim submission.

# Submitting a Claim via PNM

*February 1, 2023 Launch*

# Submitting a Claim via PNM

February 1 Launch – Fee-for-service only. Submit managed care claims directly to MCEs.

**WHO:** Ohio Medicaid providers  
**WHEN:** Process effective with February 1, 2023 launch of the Next Generation program

Note: This is the same process as implemented on 10/1/2022.

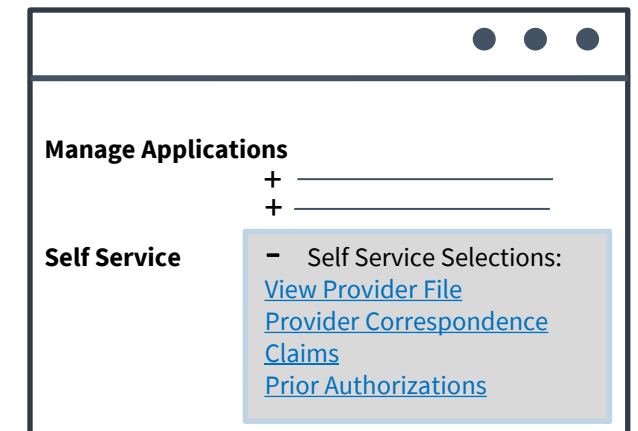


1. Navigate to the [Provider Network Management \(PNM\) module](#) and log in using your OH | ID credentials (username and password). If the provider does not have OH | ID credentials, they must first [enroll in PNM](#).



Provider Name
XXXXXXXXXX
XXXXXXXXXX
XXXXXXXXXX

2. Using the table on the Home Page, click on the service billing Provider Name from the list. You will be routed to the Provider Management Home Page.



3. Navigate to the left side of the Provider Management Home Page and select the “Self Service” dropdown. Select “Claims,” which will direct you to a series of fields to input the claim information. *You will be routed to the MITS Portal to complete your claim submission.*



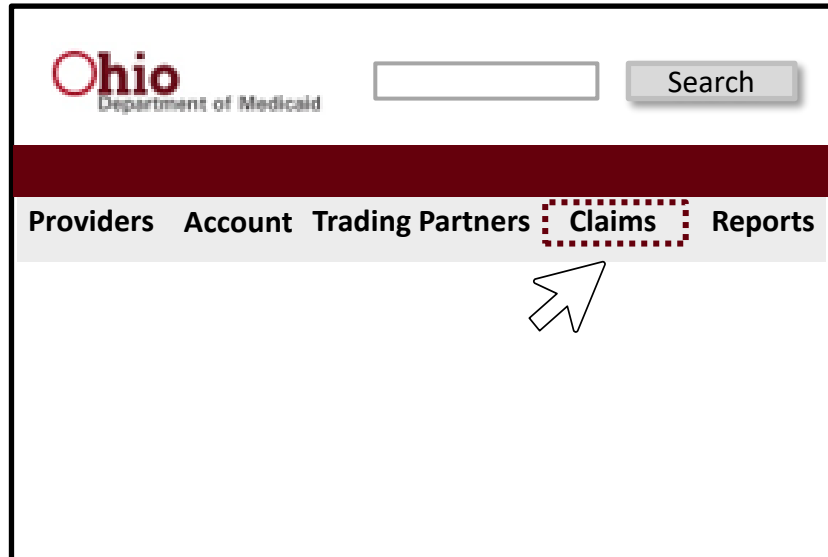
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# Submitting a Claim: Routed to MITS

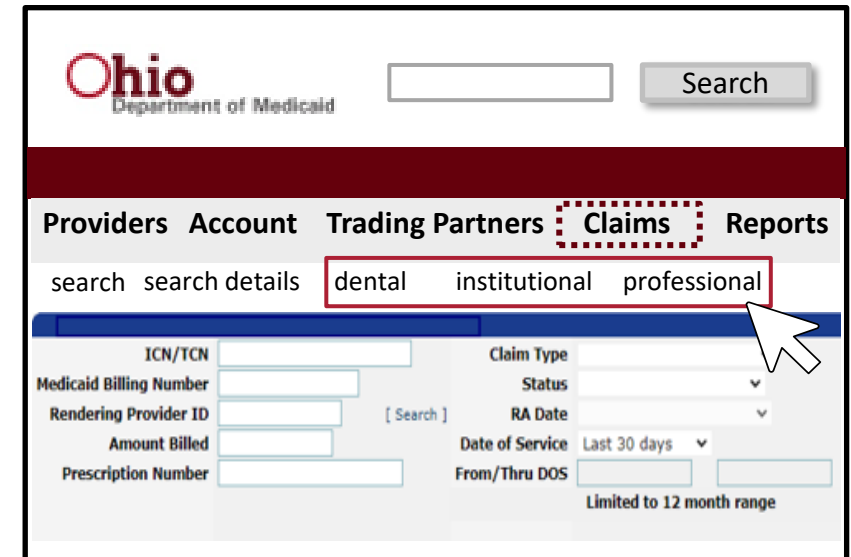
February 1 Launch – Fee-for-service only. Submit managed care claims directly to MCEs.

**WHO:** Ohio Medicaid providers  
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The screenshot shows the Ohio Department of Medicaid Provider Portal. At the top is the Ohio logo and a search bar. Below the header is a navigation menu with five items: Providers, Account, Trading Partners, Claims, and Reports. The 'Claims' item is highlighted with a red dashed box, and a mouse cursor is pointing at it.

4. Once in the MITS Provider Portal, select the “Claims” option in the heading menu bar. This will open a list of options, including “Search,” “Search Details” etc.



The screenshot shows the Ohio Department of Medicaid Provider Portal after clicking on 'Claims'. The 'Claims' menu item is still highlighted. Below it, a sub-menu is visible with three options: search, search details, and dental. The 'dental' option is highlighted with a red box, and a mouse cursor is pointing at it. Below the sub-menu, there are several input fields for claim information, including ICN/TCN, Medicaid Billing Number, Rendering Provider ID, Amount Billed, Prescription Number, Claim Type, Status, RA Date, Date of Service, and From/Thru DOS. The 'Date of Service' field is set to 'Last 30 days' and the 'From/Thru DOS' field is set to 'Limited to 12 month range'.

5. To submit a claim, select the type of claim you are submitting choosing from “Dental,” “Institutional” or “Professional”.

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# Submitting a Claim: Routed to MITS (cont.)

February 1 Launch – Fee-for-service only. Submit managed care claims directly to MCEs

**WHO:** Ohio Medicaid providers  
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The screenshot shows the Ohio Department of Medicaid MITS interface. The 'Claims' tab is selected in the top navigation bar. Under the 'search' dropdown, the 'dental' option is highlighted. The form displays two main sections: 'BILLING INFORMATION' and 'SERVICE INFORMATION'. The 'BILLING INFORMATION' section includes fields for ICN, Claim Received Date, Provider ID, \*Medicaid Billing Number, \*Date of Birth, Last Name, First Name, MI, \*Patient Account #, Referring Provider #, Rendering ID, and Patient Amount Paid (\$0.00). The 'SERVICE INFORMATION' section includes fields for \*Release of Information (set to NO), From Date, To Date, Emergency, Accident Related To, Accident State, Accident Country, Accident Date, EPSDT, \*Place of Service, and Prior Authorization #. A 'TOTAL CHARGES' field is also present.



The screenshot shows the Ohio Department of Medicaid MITS interface. The 'Claims' tab is selected in the top navigation bar. Under the 'search' dropdown, the 'add an item' button is highlighted. The form displays a table with columns: Item, DOS, Procedure Code, Units, Tooth Number, Quadrant, Charges, Status, Medicaid Allowed Amount. The table contains one row with the following data: Item A, DOS 1, Procedure Code 0, Units 0, Tooth Number 0, Quadrant 0, Charges \$0.00, Status 0, Medicaid Allowed Amount \$0.00. The table is titled 'Header - Other Payer' and 'Detail'.

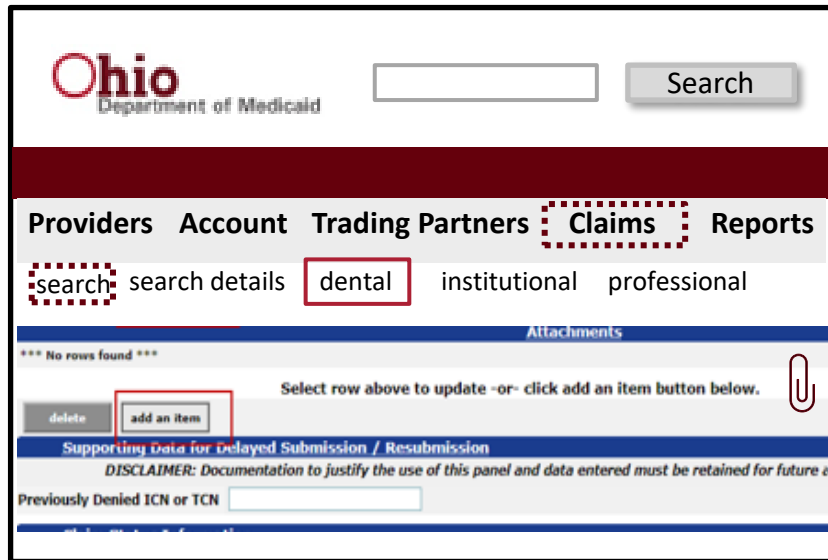
6. Information fields will appear based on the claim type selected in Step 5. Manually enter the required information and use the dropdowns to provide the claims information, including “Billing Details,” and “Service information.”

7. Under the blue headings, select “Add an Item” to add additional information associated to the recipient, other insurance or service.

# Submitting a Claim: Routed to MITS (cont.)

February 1 Launch – Fee-for-service only. Submit managed care claims directly to MCEs

**WHO:** Ohio Medicaid providers  
**WHEN:** Process effective with February 1, 2023 launch of the Next Generation program



Ohio Department of Medicaid

Search

Providers Account Trading Partners **Claims** Reports

search search details dental institutional professional

Attachments

\*\*\* No rows found \*\*\*

Select row above to update -or- click add an item button below.

delete add an item

Supporting Data for Delayed Submission / Resubmission

DISCLAIMER: Documentation to justify the use of this panel and data entered must be retained for future use

Previously Denied ICN or TCN

**SUBMIT**

8. The last “Add an Item” under the “Attachments” header allows you to upload claim forms or required billing attachments.

9. When you have provided all necessary claim information, select “Submit” at the bottom of the page.



# Checking Claim Status

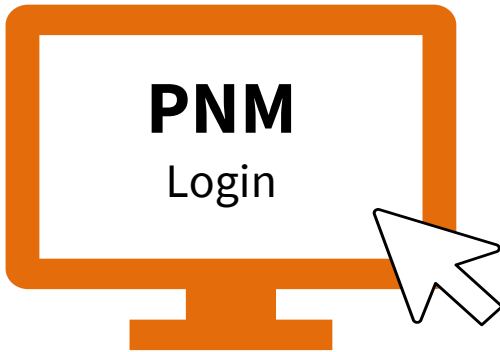
*February 1, 2023 Launch*

# Checking Claim Submission Status

February 1 Launch – Fee-for-service only. Refer to the MCEs' portal for managed care claims status.

**WHO:** Ohio Medicaid providers  
**WHEN:** Process effective with February 1, 2023 launch of the Next Generation program

**Note:** This is the same process as implemented on 10/1/2022.



1. Navigate to the [Provider Network Management \(PNM\) module](#) and log in using your OH|ID credentials (username and password). If the provider does not have OH|ID credentials, they must first [enroll in PNM](#).

2. Under the “Self Service” dropdown on the left side of the screen, click “Search Claim.” *You will be routed to the MITS Portal to complete your claim submission.*



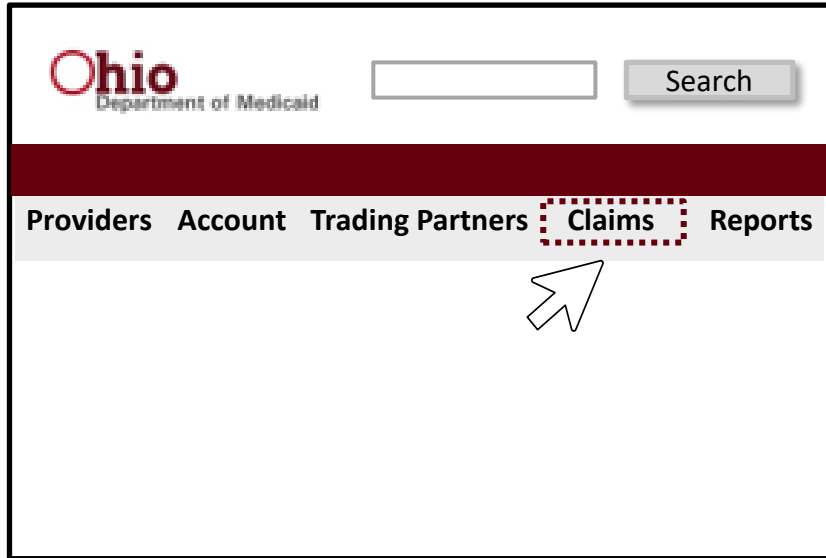
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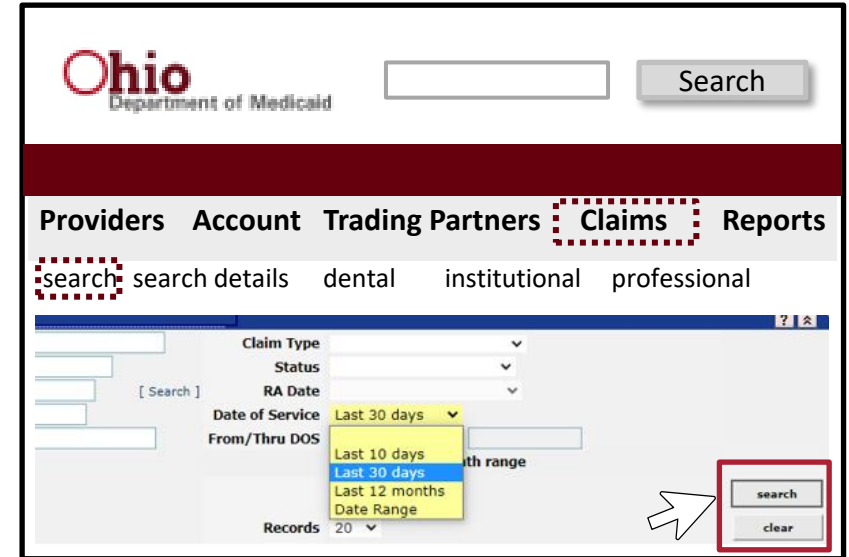
# Checking Claim Submission Status: Routed to MITS

February 1 Launch – Fee-for-service only. Refer to the MCEs’ portal for managed care claims status.

**WHO:** Ohio Medicaid providers  
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3. Once in the MITS Provider Portal, select the “Claims” option in the heading menu bar. This will open a list of options. Select the “Search” link.



4. Enter the key information to search for the claim using different parameters, such as “ICN/TCN”, “Claim Type” and “Medicaid Billing Number.” After entering available search criteria, select “Search” at the lower right-hand side. The system will return a list of claims matching the search criteria.



# Submitting Claims via Electronic Data Interchange (EDI)

*Trading Partners Only*

# February 1 Launch – Submitting Claims via EDI | Overview

## Purpose and Considerations

- Purpose
  - » Provide general guidance to providers on how trading partners will submit a fee-for-service (FFS) and/or managed care claims via EDI.
- Considerations
  - » Only providers contracted with a trading partner will have their claims submitted via EDI. Providers who do not work with trading partners will submit claims based on the member's plan, either FFS or managed care.
  - » Trading partners will select one of the following as their preferred submission method and work with the EDI vendor (Deloitte) to test functionality and access:
    - 1) SFTP
    - 2) HTTPS
  - » Providers should work with their trading partner to ensure the trading partner is prepared to submit transactions to the new EDI vendor February 1, 2023.

# February 1 Launch – Submitting Claims via EDI | Overview (cont.)

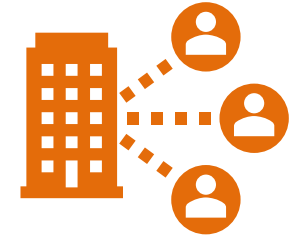
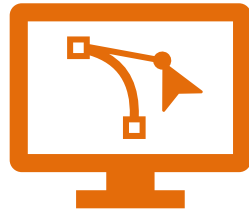
## Purpose and Considerations

- Common Acronyms
  - » EDI – Electronic Data Interchange
  - » MCE – Managed Care Entity
  - » OMES – Ohio Medicaid Enterprise System
- Resources
  - » For further information on EDI, connectivity, and companion guides, visit <https://medicaid.ohio.gov/resources-for-providers/billing/trading-partners/omes-golive>

# EDI Claims Submission Process Flow

February 1 Launch – Trading Partners Only

**Note: All PDF 835 Remittance Advices (RAs) will be available via the PNM for all payers. Providers will receive 835 RAs from the trading partner. Providers will receive RAs for all EDI-submitted claims through the trading partner they enrolled with for fee-for-service 835s. This includes those claims sent to the MCE via EDI.**



1. The provider submits claims to their trading partner. All 837 files must contain the receiver ID and Payer ID for claims to be routed to the correct destination payer. The provider must check with their trading partner to see how they should indicate to which MCE the claim should be routed (MCO, FFS, OhioRISE plan). Claims for each plan must be in separate files.

2. The Trading Partner submits the provider's claims via X12 837 files to OMES EDI.

3. OMES processes and submits each 837 file to ODM.

4. ODM transfers claims to the MCE indicated on the 837 file. Providers will receive payment directly from the MCE.